

1-800-792-4884

1-800-792-4292(TTY) for persons with hearing impairments

www.kansashealthwave.org

Helpful Hints

Interpreters are available, if needed. You can ask for an application in another language.

To help us serve you better...

- > Answer all questions on the application
- Sign and date the application
- Include proof (copies) of all household income
- Provide copies of the health insurance card (both sides) if anyone you are applying for has other coverage.
- Proof of immigration status is needed for non - U.S. citizens you want covered.

Race and ethnicity information is optional.

If you wish to tell us your race on the application, please use the following letters:

A: Native American or Alaska Native

B: Black or African American

H: Hispanic or Latino

P: Pacific Islander or Native Hawaiian

S: Asian

W: White

Expect to hear from us within 4 - 6 weeks

Important Information

All applications will be screened for HealthWave 19 (Medicaid) first.

If family income is close to or below the following income guidelines, children ages 0 through 18 may qualify for coverage.

	Monthly	Annually	Weekly
Family of 1	\$ 2,175	\$26,100	\$502
Family of 2	2,927	35,114	676
Family of 3	3,678	44,128	849
Family of 4	4,429	53,141	1,022
Family of 5	5,180	62,154	1,196
Family of 6	5,931	71,167	1,369
Family of 7	6,682	80,180	1,562

- ➤ For each additional household member add \$752.00 per month
- Some families within these guidelines are required to pay monthly premiums
- ➤ All eligibility factors, including income guidelines and premiums, are subject to change.

Pregnant women may qualify for coverage.

The household size and income guidelines are different than those listed above.

Adults (caring for minor children in their home) may qualify for coverage.

The household size and income guidelines are different than those listed above.

If you are age 18 or older, you may have co-pays of \$1 - \$3 for some benefits.

Examples: prescription drugs, doctor visits, and mental health services.